

0175735

## ARREST / NOTICE TO APPEAR

1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias

1

JUVENILE

3129

|   |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
|---|--|--|--|--|------------------------------------|--|-----------------------------|---|--|--|--|--|---------------------------------------|---------------------------|---|------------------|--|--|--|--|------------------------|--|
| OBTS Number   |  |  | Agency Name  |  |                                    |  |                             |   | Agency Report Number (N.T.A.'s only)   |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Agency ORI Number   |  |  | Boca Raton Police Department   |  |                                    |  |                             |   | 3   2   2016-013717  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| IS<br>T<br>R  |  |  | Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |  |                                    | If Weapon Seized<br>Enter Type   |                             |   | Multiple Clearance Indicator   |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| AT<br>ION   |  |  | Location of Arrest (Including Name of Business)<br>1401 S FEDERAL HWY  |  |                                    | Location of Offense (Business Name, Address)<br>1401 S FEDERAL HWY 204, BOCA RATON, FL 33432 |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Date of Arrest<br>09/19/2016  |  |  | Time of Arrest<br>19:10  |  | Booking Date<br>09/19/2016         |  | Booking Time<br>19:20       |   | Jail Date<br>09/19/2016  |  | Jail Time<br>00:00   |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Location of Vehicle<br>NA   |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Name (Last, First, Middle)<br>SHANAHAN, JOHN V III  |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Alias:<br>Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Race<br>W - White<br>B - Black  |  |  | Sex<br>W<br>M  |  | Date of Birth<br>04/18/1967        |  | Height<br>5'11              |   | Weight<br>180  |  | Eye Color<br>BROWN   |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Marital Status<br>S   |  |  | Hair Color<br>BROWN  |  | Complexion<br>LIGHT                |  | Build                       |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Scars, Marks, Unique Physical Features (Location, Type, Description)<br>TATT L ARM / CELTIC BAND; TATT R SHOULDER / "JETS"  |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Local Address (Street, Apt. Number)<br>1401 N FEDERAL HWY 204, BOCA RATON, FL 33432   |  |  | (City)   |  | (State)                            |  | (Zip)                       |   | Phone<br>(561) 271-4093  |  | Indication of:<br>Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Permanent Address (Street, Apt. Number)<br>1401 N FEDERAL HWY 204, BOCA RATON, FL 33432   |  |  | (City)   |  | (State)                            |  | (Zip)                       |   | Phone<br>(561) 271-4093  |  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State   |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Business Address (Name, Street)<br>EAGLE AUTOPARTS, 1005 N CONGRESS AVE, DELRAY BEACH   |  |  | (City)   |  | (State)                            |  | (Zip)                       |   | Phone<br>(561) -   |  | Address Source<br>FL DL  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| D/L Number, State<br>SS50478671381 / FL   |  |  | Soc. Sec. Number   |  | INS Number                         |  |                             | Place of Birth (City, State)<br>HUNTINGTON, NY, |  |  | Occupation<br>Bus Driver   |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  |  | Race   |  | Sex                                |  | Date of Birth               |   | Citizenship<br>US  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  |  | Race   |  | Sex                                |  | Date of Birth               |   | Indication of:<br>1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br>2. At Large <input type="checkbox"/> 4. Misdemeanor |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E  |  |  | Name (Last, First, Middle)   |  |                                    |  |                             |   |  |  |  | Residence Phone  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Address (Street, Apt. Number)   |  |  | (City)   |  | (State)                            |  | (Zip)                       |   | Business Phone   |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Notified by: (Name)   |  |  |  |  |                                    |  | Date                        |   | Time   |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated   |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Released To: (Name)   |  |  | Relationship   |  |                                    |  | Date                        |   | Time   |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.  |  |  |  |  |                                    |  |                             |   |  |  |  |  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |  | Description of Property  |  |                                    |  |                             |   |  |  |  | Value of Property  |                                       |                           |   |                  |  |  |  |  |                        |  |
| Drug Activity<br>N/A<br>P. Possess  |  |  | S. Sell<br>B. Buy<br>T. Traffic  |  | R. Smuggle<br>D. Deliver<br>E. Use |  | K. Disperses/<br>Distribute |   | M. Manufacture/<br>Produce/<br>Cultivate   |  | Z. Other   |  | Drug Type<br>N. N/A<br>A. Amphetamine |                           | B. Barbiturate<br>C. Cocaine<br>E. Heroin |                  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>BATTERY (DATING VIOLENCE)</b>  |  |  |  |  |                                    |  |                             |   |  |  |  | Statute Violation Number<br><b>784.03(1A1)</b>   |                                       |                           | Violation of ORD #                        |                  |  |  |  |  |                        |  |
| Drug Activity<br>N  |  |  | Drug Type  |  | Amount / Unit<br>/                 |  | Offense #<br>2016-013717    |   | Counts<br>1  |  | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |  | Warrant / Capias Number               |                           |   | Bond             |  |  |  |  |                        |  |
| Charge Description  |  |  |  |  |                                    |  |                             |   |  |  |  | Statute Violation Number   |                                       |                           | Violation of ORD #                        |                  |  |  |  |  |                        |  |
| Drug Activity<br>N  |  |  | Drug Type  |  | Amount / Unit<br>/                 |  | Offense #                   |   | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |  | Warrant / Capias Number               |                           |   | VICI<br>ATION    |  |  |  |  |                        |  |
| Charge Description  |  |  |  |  |                                    |  |                             |   |  |  |  | Statute Violation Number   |                                       |                           | Violation of ORD #                        |                  |  |  |  |  |                        |  |
| Drug Activity<br>N  |  |  | Drug Type  |  | Amount / Unit<br>/                 |  | Offense #                   |   | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |  | Warrant / Capias Number               |                           |   | REQUIRED<br>BOND |  |  |  |  |                        |  |
| Health / Apparent Physical Condition of Defendant<br><b>GOOD</b>  |  |  |  |  |                                    |  |                             |   |  |  |  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries<br>Explain: |                                       |                           |   |                  |  |  |  |  |                        |  |
| Check which applies:<br><input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health   |  |  |  |  |                                    |  |                             |   |  |  |  | PROPERTY - Received By<br><b>RADFORD</b>   |                                       |                           | Released By<br><b>RADFORD</b>             |                  | Released To<br><b>PBCJ</b>                         |  |  |  |                        |  |
| Transported By<br><b>RADFORD</b>  |  |  |  |  |                                    |  |                             |   |  |  |  | Date Transported<br>09/19/2016   |                                       | Time Transported<br>00:00 |   | Other            |  |  |  |  |                        |  |
| INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2  |  |  |  |  |                                    |  |                             |   |  |  |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>  |                                       |                           |   |                  |  |  |  |  |                        |  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |  |  |  |                                    |  |                             |   |  |  |  | Court Date and Time  |                                       |                           | REDACTED                                  |                  |  |  |  |  |                        |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)   |  |  |  |  |                                    |  |                             |   |  |  |  | Date Signed  |                                       |                           | REDACTED                                  |                  |  |  |  |  |                        |  |
| HOLD for Other Agency   |  |  |  |  |                                    | Signature of Arresting Officer   |                             |   |  |  |  | Name Verification (Printed by Arrestee)  |                                       |                           |   |                  |  |  |  |  |                        |  |
| ADMIN<br>INTAKE<br>APPROV<br>ER   |  |  |  |  |                                    | Name of Arresting Officer (Print)<br><b>RADFORD, STEPHEN T.</b>                              |                             |   |  |  |  | Name Verification (Printed by Arrestee)<br><b>RADFORD, STEPHEN T.</b>  |                                       |                           |   |                  |  |  |  |  |                        |  |
| D<br>A<br>I<br>N<br>T<br>I<br>C<br>E  |  |  |  |  |                                    | I.D. #<br>771  |                             |   |  |  |  | (PRINT)  |                                       |                           |   |                  |  |  |  |  |                        |  |
| D<br>A<br>I<br>N<br>T<br>I<br>C<br>E  |  |  |  |  |                                    | Transporting Officer<br><b>RADFORD</b>   |                             |   |  |  |  | I.D. #<br>771  |                                       |                           |   |                  |  |  |  |  |                        |  |
| D<br>A<br>I<br>N<br>T<br>I<br>C<br>E  |  |  |  |  |                                    | Agency<br><b>BOCA</b>  |                             |   |  |  |  | PAGE<br>1 OF 1   |                                       |                           |   |                  |  |  |  |  |                        |  |
| D<br>A<br>I<br>N<br>T<br>I<br>C<br>E  |  |  |  |  |                                    |  |                             |   |  |  |  | Witness here if subject signed with an "X".  |                                       |                           |   |                  |  |  |  |  |                        |  |

SCANNED  
SEP 20 2016

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|   |  |   |  |  |  |  |                 |                                    |  |
|---|--|---|--|--|--|--|-----------------|------------------------------------|--|
| A<br>D<br>M<br>I<br>N   |  | Date / Time<br><b>09/19/2016 18:48</b>  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> |  |  | Agency Report Number<br><b>3   2   2016-013717</b> |                 |                                    |  |
| D<br>E<br>F   |  | Name (Last, First, Middle)<br><b>SHANAHAN, JOHN V III</b>   | Alias  |  |  | Race<br><b>W</b>                                   | Sex<br><b>M</b> | Date of Birth<br><b>04/18/1967</b> |  |
| C<br>H<br>R<br>G  |  | Charge Description<br><b>784.03(1A1) BATTERY (DATING VIOLENCE)</b>  |  |  | Race<br><b>11/15/1967</b>  | Sex  | Date of Birth   |                                    |  |
| V<br>I<br>C<br>T<br>I<br>M  |  | Business Address (Name, Street) (City) (State) (Zip)  |  |  | Phone  | Address Source<br><b>SELF</b>                      |                 |                                    |  |
|   |  | DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral  |  |  | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):<br><b>GOOD - BRUISING</b> |  |                 |                                    |  |
|   |  | VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |  |  |  |                 |                                    |  |
| RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>GIRLFRIEND/BOYF</b>   |  |   |  |  |  |  |                 |                                    |  |
| A<br>D<br>D<br>I<br>T<br>I<br>O<br>N<br>A<br>L<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N<br>O<br>N   |  | PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/><br>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>VICTIM</b><br>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS</b><br>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)<br>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/><br>MEDICAL TREATMENT: <input checked="" type="checkbox"/> <input type="checkbox"/><br>AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> PARAMEDICS: <b>BOCA RATON FIRE RESCUE</b><br>Hospital: <input checked="" type="checkbox"/> <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <b>BOCA REGIONAL HOSPITAL</b> |  |  |  |  |                 |                                    |  |
| A<br>C<br>T<br>C<br>O<br>M<br>M<br>I<br>T<br>T<br>I<br>O<br>N<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N<br>O<br>N  |  | ACT COMMITTED IN PRESENCE<br>OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:<br>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/><br>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/><br>VIOLATION OF RESTRAINING<br>ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:   |  |  |  |  |                 |                                    |  |
| P<br>R<br>I<br>O<br>R<br>H<br>I<br>S<br>T<br>O<br>R<br>Y<br>O<br>F<br>D<br>O<br>M<br>E<br>S<br>T<br>I<br>C<br>V<br>I<br>O<br>L<br>E<br>C<br>T<br>I<br>O<br>N<br>A<br>L<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N<br>O<br>N |  | PRIOR HISTORY OF DOMESTIC<br>VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/><br>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>  |  |  |  |  |                 |                                    |  |
| N<br>A<br>R<br>R  |  | On September 19, 2016 at 1730 hours, I was dispatched to [REDACTED] in reference to a domestic disturbance. It should be noted that upon my arrival, multiple officers and Fire Rescue personnel were already on scene treating the victim, W/F [REDACTED]. The male half, W/M John Shanahan, was standing with Ofc. Robert on the front door balcony area. I subsequently made contact with Ofc. [REDACTED]  |  |  |  |  |                 |                                    |  |
|   |  | STATE OF FLORIDA<br>COUNTY OF PALM BEACH <i>Radford (771)</i><br>Appeared before me, <i>Radford (771)</i> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true<br><br><i>[Handwritten Signature]</i><br>SIGNATURE OF ARRESTING OFFICER   |  |  |  |  |                 |                                    |  |
|   |  | Sworn to and subscribed to before me this <u>19</u> day of <u>September</u> , <u>2016</u><br><br><i>[Handwritten Signature]</i><br>MORAN, JOHN TODD<br>NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)   |  |  |  |  |                 |                                    |  |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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SEP 20 2016

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

|   |  |  |  |  |
|---|--|--|--|--|
| A<br>D<br>M<br>I<br>N   | Data / Time<br><b>09/19/2016 18:48</b> |  |  |  |
|   | Agency ORI Number<br><b>FL 0500200</b> | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2016-013717</b> |  |
| <p>C. Desir (ID 712), whom advised me that Ofc. Gualtieri (ID 512) arrived first on scene and discovered the suspect, W/M John Shanahan, outside of Unit [REDACTED] banging on the door. Ofc. Desir stated that after [REDACTED] called 911 reporting that she had been "smacked" a few times, Shanahan left the apartment, returning a short time later, wherein Ofc. Gualtieri first made contact with him. Ofc. Desir stated that [REDACTED] told him that they had been in the residence and were arguing for unknown reasons when Shanahan hit her multiple times across the left side of her face. Upon inspection of [REDACTED] face, I could see that there was slight bruising beneath the left eye, and there was a small amount of pooled blood in the left eye area that appeared fresh. [REDACTED] was subsequently transported to Boca Raton Regional Hospital for further evaluation and treatment. [REDACTED] was issued a domestic violence pamphlet and filled out a written statement, which was subsequently submitted into evidence at the Boca Raton Police Department. Pictures were also taken of [REDACTED] face, which were submitted into evidence.</p> <p>I then made contact with Shanahan and asked him to explain to me what had happened. Shanahan stated that [REDACTED] was drunk and crazy, but at no time did he ever touch her. I asked Shanahan how [REDACTED] received the marks on her face and he stated that she likely fell since she had been drinking. He stated he does not know why [REDACTED] would accuse him of hitting her and that she was likely just trying to get him in trouble. It should be noted that while speaking with Shanahan, there was a strong odor of an unknown alcoholic beverage on his breath, he had slurred speech, blood shot eyes, and was unsteady on his feet. Shanahan stated he had had several drinks of vodka.</p> <p>Based upon the totality of the circumstances and the veracity of [REDACTED] account of events, coupled with injuries consistent with being struck in the face, I believe there is probable cause to charge John Shanahan with Battery (Dating Violence) in accordance with F.S. 784.03(1a1). Shanahan was transported to the Boca Raton Police Department for processing and turned over to the Palm Beach County Jail for further disposition.</p> |  |  |  |  |
| NOT A CERTIFIED COPY  |  |  |  |  |

STATE OF FLORIDA

COUNTY OF PALM BEACH

Appeared before me, Redford (771) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of September, 2016.MORAN, JOHN TODD

NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED

SEP 20 2016

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - ( This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2016-013717 Agency: Boca Raton  
 Offense: Battery (Dating Violence)  
 Suspect/Offender: John Shanchan  
 D.O.B. 9/18/67 Race: W Sex: M

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's \_\_\_\_\_: F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home#: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

**Victim/Relation Notification Waiver and Confidential Information Request.**

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
 Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

**SCANNED**  
**SEP 20 2016**

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Redford I.D.# 771 Date: 9/19/16

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records